

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Workers' Voice</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00484287         </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			

Full Name of Payee <b>AFL-CIO</b>			Date of Public Distribution/Dissemination		
Mailing Address 815 - 16th Street, NW			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">08 / 23 / 2014</div> </div>		
City	State	Zip Code	Amount		
Washington	DC	20006	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>8.95</span> </div>		
Purpose of Expenditure Walk Packets		Category/Type	Transaction ID : D534303		
		004	Date of Disbursement or Obligation		
			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">08 / 23 / 2014</div> </div>		
Name of Federal Candidate			Office Sought:		
Gary Peters			<input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>10664.26</span> </div>		

Full Name of Payee <b>UFCW Int'l Union Working Families Advocacy Project</b>			Date of Public Distribution/Dissemination		
Mailing Address 1775 K Street, NW			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">08 / 23 / 2014</div> </div>		
City	State	Zip Code	Amount		
Washington	DC	20006-1598	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>103.16</span> </div>		
Purpose of Expenditure InKind Staff		Category/Type	Transaction ID : D534314		
		001	Date of Disbursement or Obligation		
			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">08 / 23 / 2014</div> </div>		
Name of Federal Candidate			Office Sought:		
Gary Peters			<input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI		
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>10664.26</span> </div>		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>112.11</span> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY

09 / 17 / 2014

Signature